Prince William County Government

Medical Plans Comparison - Effective July 1, 2021

	Anthem			Kaiser
	KeyCare PPO Enhanced	KeyCare PPO Core	Healthkeepers POS	
Benefit	In-Network	In-Network	In-Network	In-Network
Network	Nationwide	Nationwide	Virginia	Maryland, DC, Virginia
Referrals Required to see a Specialist?	No	No	Yes	Yes
Primary Care Physician Visits	\$20/Visit	\$25/Visit	\$20/Visit	\$15/visit
Specialist Physician Visits	\$35/Visit	\$50/Visit	\$40/Visit	\$25/Visit
Deductibles (per calendar year)	None	None	None	None
Out of Pocket Maximum (per calendar year)	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family	\$1,500 Individual \$3,000 Family	\$3,500 Individual \$9,400 Family
Preventive Care	No cost share for services rendered by an in-network provider.	No cost share for services rendered by an in-network provider.	No cost share for services rendered by an in-network provider.	No cost share
Diagnostic Testing Laboratory X-rays Advanced Diagnostic tests(MRI, CT-Scan, PET Scan,)	No cost share No cost share \$200/Visit	20% 20% \$200/Visit plus 20%	\$20 PCP/\$40 Specialist \$20 PCP/\$40 Specialist \$200/Visit	No cost share No cost share \$75/Test
Outpatient Surgery PCP Specialist Facility	\$20/Visit \$35/Visit \$200/Visit	\$25/Visit \$50/Visit \$200/Visit plus 20%	\$20/Visit \$40/Visit \$200/Visit	Included in facility fee Included in facility fee \$50/Visit
Hospital Inpatient (per Admission) Semi-Private Room Physician Services Surgery	\$350/Admission	\$400/Admission plus 20% 20%	\$200 per day/Limit \$1,000 per Admission	Included in facility fee Included in facility fee \$250/Visit
Emergency Services	\$200/Visit \$20 PCP/\$35 Specialist	\$200/Visit plus 20% \$25 PCP/\$50 Specialist	\$200/Visit \$20 PCP/\$40 Specialist	\$100/Visit \$25/Visit
Pregnancy Office Visits Childbirth Professional Services Childbirth Facility Services	No charge Included in facility fee \$250/Admission	\$25 PCP/\$50 Specialist 20% coinsurance \$400/Admission plus 20%	\$200/pregnancy No charge \$200 per day/Limit \$1,000 per Admission	No charge Included in facility fee \$250/Admission
Prescriptions (30-day supply) Tier 1 Tier 2 Tier 3	\$10.00 \$35.00 \$70.00	\$10.00 \$35.00 \$70.00	\$10.00 \$35.00 \$70.00	\$10.00 \$20.00 \$35.00
Vision – Eye Exam	\$15/Visit	\$15/Visit	\$15/Visit	\$15/Optometrist visit